

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567,110

FILING DATE

2/3/06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4		3		1		
5		0		1		
6		0		1		
7		1		1		
8		1		1		
9		0		1		
10		1		1		
11		1		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		1		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31	1		1			
32		1		1		
33		1		1		
34		3		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		1		1		
40		1		1		
41		1		1		
42		0		1		
43		0		1		
44		1		1		
45		1		1		
46		0		1		
47		0		1		
48		0		1		
49		0		1		
50		0		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		0		1		
53		0		1		
54	1		1			
55	1		1			
56	1		1			
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97						
98						
99						
100						
TOTAL IND.	5	↓	2	↓		↓
TOTAL DEP.	55	←	51	←		←
TOTAL CLAIMS	60		53			